

Check the applicable box:

☒ **Lobbyist Employer Registration Statement**

☐ **Lobbying Coalition Registration Statement**

(Government Code Section 86105)

Type or Print in ink

Legislative Session

2009 2010
(Insert Years)

1/4

CALIFORNIA
FORM **603**

FAIR POLITICAL PRACTICES COMM.

For Official Use Only

AMENDMENT 005

NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:

Kaiser Foundation Health Plan, Inc. aka Kaiser Permanente Medical Care Program

If this is an initial registration, enter the
DATE QUALIFIED:

TELEPHONE NUMBER:

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

Sacramento

CA

95814

FAX NUMBER: (Optional)

MAILING ADDRESS: (If different than above)

E-MAIL: (Optional)

I Lobbyists and Lobbying Firms Employed

* List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.

Please see attached pages

II List Below the State Agencies Whose Actions you Will Attempt to Influence

* Will you attempt to influence the State Legislature?



Yes



No

Please see attached pages

III Description of Lobbying Interests

* For assistance, see the instructions on the back of this form or the "Information Manual on Lobbying Disclosure Provisions of the Political Reform Act." Health Care

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed On 02/08/2010
DATE

By John Garcia
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer John Garcia
TYPE OR PRINT

Title VP, Legal & Government Relations

FPPC Form 603 (7/98)

For Technical Assistance: 916/322-5660

Lobbyist Employer/Lobbying Coalition Registration Statement

CALIFORNIA
FORM

603

FAIR POLITICAL PRACTICES COMM.

SEE INSTRUCTIONS ON REVERSE

Type or Print in ink

NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:

Kaiser Foundation Health Plan, Inc. aka Kaiser Permanente Medical Care Program

2/4

Nature and Interests of Filer

Check one box only:

☐ INDIVIDUAL (Complete
only Parts A and E)

☒ BUSINESS ENTITY
(Complete only Parts B
and E)

☐ INDUSTRY, TRADE OR
PROFESSIONAL ASSN.
(Complete only Parts C and E)

☐ OTHER (e.g., lobbying
coalition) (Complete only
Parts D and E)

A. Individual

1. Name and address of employer (or principal place of business if
self-employed):

2. Description of business activity in which you or your employer are
engaged:

B. Business Entity

Description of business activity in which engaged:

Health Care

C. Industry, Trade or Professional Association

1. Description of industry, trade or profession represented:

2. Specific description of any portion or faction of the industry, trade or
profession which the association exclusively or primarily represents:

3. Number of members in association (check appropriate box)

☐ 50 OR LESS (provide names of all members on an attachment.)

☐ MORE THAN 50

D. Other

1. Statement of nature and purposes:

2. Description of any trade, profession, or other group with a common
economic interest which is principally represented or from which
membership or financial support is principally derived:

E. Industry Group Classification

Check one box which most accurately describes the industry group which you represent. See instructions on reverse.

☐ AGRICULTURE

☐ LEGAL

☐ EDUCATION

☐ PUBLIC EMPLOYEES

☐ GOVERNMENT

☐ POLITICAL ORGANIZATIONS

☒ HEALTH

☐ UTILITIES

☐ LABOR UNIONS

☐ OTHER: _____
(Describe)

BUSINESS (Check one of the following sub-categories.)

☐ ENTERTAINMENT/RECREATION

☐ OIL AND GAS

☒ FINANCE/INSURANCE

☐ PROFESSIONAL/TRADE

☐ LODGING/RESTAURANTS

☐ REAL ESTATE

☐ MANUFACTURING/INDUSTRIAL

☐ TRANSPORTATION

☐ MERCHANDISE/RETAIL

☐ OTHER _____
(Describe)

Lobbyist Employer/Lobbying
Coalition Registration Statement

I Lobbyists and Lobbying Firms Employed

* List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.

Employee Lobbyist

Deborah Espinal

Employee Lobbyist

Lynda L. Ross

Employee Lobbyist

William S. Wehrle

Lobbying Firm

Carpenter Hawkins Sievers LLC

Lobbyist Employer/Lobbying
Coalition Registration Statement

II List Below the State Agencies Whose Actions you Will Attempt to Influence

Department of Consumer Affairs

Department of Health Care Services

Department of Insurance

Dept. of Labor

Department of Managed Health Care

Dept. of Mental Health

Department of Public Health

Governor's Office

Managed Risk Medical Insurance Board (MRMIB)

Office of Statewide Health Planning and Development